



City of Newport Beach
FINANCE DEPARTMENT
100 Civic Center Dr.
Newport Beach, CA 92660
949-644-3121 **FAX 949-644-3118**

Credit Card Authorization Form

Authorized by: _____

Use this form to authorize credit card payment by fax for the City of Newport Beach

ACCOUNT NUMBER (if applicable): _____

Reason for payment: _____

Authorized amount to be charged: \$ _____

PLEASE PRINT

Name (as it appears on card)			Email	
Billing Address for Card				
City	State	Zip Code	Telephone Number	Fax #
Authorized Cardholder Signature				Date

<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER				
ACCOUNT NUMBER:				
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
EXPIRATION DATE:			CVC Code:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please fax this form so your payment can be processed.

Fax: 949-644-3118

For more information, please call 949-644-3121